PATE	NT APPLIC	CATIOI Substit	N FEE DE	TERMINATI PTO-875	od to a coffection of ON RECORE	information un	Application Application	DEPARTMENT Hays a valid On align of Upocker	T OF COMME	RO Ber
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LURE DEPENDENT CLARY PRESENT (37 CFR 1.160g)					× \$=	<del> </del>	OR	x s	<del></del>	
If the difference in column 1 is less than zero, enter "0" in column 2.					10TAL	<u> </u>	OR	1-1	<del> </del>	
Cl./vi	MS AS AME	NDED.	- PART II		30.12	L	OR	TOTAL	L	_
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I.NE. 10	Juma 1)				ADD'L FEE			ADD'L FEE		
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" If the entry in column 1 " If the "Highest Number " If the "Highest Number	is less than the	entry in c	olumn 2, write	"O" in coluinii 3	ADD'L FEE			OTAL DD'L FEE		
" If the "Highest Number The "Highest Number F	Previously Paid Previously Paid	For Mal	HIS SPACE is	tess than 20, enter	er "20". "3".					

The injurist number Previously raid not (10tal of independent) is the highest number found in the appropriate box in column 1.

1. Colorida of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is the fill fail by the including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.

d assistance in completing the form, call 1-800-PTO-9199 and select option 2.